

PUBLIC HEALTH COUNCIL

Meeting of the Public Health Council, Tuesday, May 27, 2003, 10:00 a.m., Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts. Public Health Council Members present were: Ms. Christine Ferguson (Chair), Ms. Phyllis Cudmore, Mr. Manthala George, Jr., Ms. Maureen Pompeo, Ms. Janet Slemenda, Mr. Albert Sherman, Dr. Martin Williams. Ms. Shane Masaschi and Dr. Thomas Sterne absent. Also in attendance was Attorney Donna Levin, General Counsel.

Chair Ferguson announced that notices of the meeting had been filed with the Secretary of the Commonwealth and the Executive Office of Administration and Finance, in accordance with the Massachusetts General Laws, Chapter 30A, Section 11A 1/2. Chair Ferguson noted that item 4a (Request for Final Promulgation of Amendments to 105 CMR 170.000: Emergency Medical Services System; 105 CMR 171.000: Massachusetts First Responder Training; and 105 CMR 172.000: Relating to the Reporting of Infectious Diseases Dangerous to the Public Health, for service zone planning and other changes) was deleted from the agenda.

The following members of the staff appeared before the Council to discuss and advise on matters pertaining to their particular interests: Ms. Malena Orejuela, Epidemiologist, Bureau of Health Statistics, Research and Evaluation; Dr. Bruce Cohen, Director, Bureau of Health Statistics, Research and Evaluation; Dr. Paul Dreyer, Director, and Ms. Nancy Murphy, Policy Analyst, Division of Health Care Quality; Ms. Louise Goyette, Director, Emergency Medical Services and Deputy General Counsels, Attorney Carl Rosenfield and Attorney Carol Balulescu .

RECORDS OF THE PUBLIC HEALTH COUNCIL MEETINGS OF DECEMBER 17, 2002 AND JANUARY 28, 2003:

Records of the Public Health Council Meetings of December 17, 2002 and January 28, 2003 were presented to the Council. After consideration, upon motion made and duly seconded, it was voted (unanimously) to approve Records of the Public Health Council Meetings of December 17, 2002 and January 28, 2003.

PERSONNEL ACTIONS:

In letters dated May 13, 2003, Katherine Domoto, M.D., Associate Executive Director for Medicine, Tewksbury Hospital, Tewksbury, recommended approval of an appointment and reappointments to the various medical staffs of Tewksbury Hospital. Supporting documentation of the appointees' qualifications accompanied the recommendation. After consideration of the appointees' qualifications, upon motion made and duly seconded, it was voted (unanimously): That, in accordance with the recommendation of the Associate Executive Director for Medicine of Tewksbury Hospital, under the authority of the Massachusetts General Laws, Chapter 17, Section 6, the following reappointments to the various medical staffs of Tewksbury Hospital be approved for a period of two years beginning May 1, 2003 to May 1, 2005:

<u>APPOINTMENTS:</u>	<u>STATUS/SPECIALTY:</u>	<u>MED. LICENSE NO.:</u>
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Corinne Fribley, MD	Provisional Affiliate Psychiatry	214018
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Charles Carroll, PhD	Provisional Allied Psychology	3060
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Harvey Pinsky, PhD	Provisional Allied Psychology	1719
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<u>REAPPOINTMENTS:</u>	<u>STATUS/SPECIALTY:</u>	<u>MED. LICENSE NO.:</u>
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Murat Anamur, MD	Consultant Hematology/Oncology	72107
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Jesus Flores, MD	Active Internal Medicine	41509
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Michael Popik, MD	Consultant Radiologist	52454
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In a letter dated May 12, 2003, Paul D. Romary, Executive Director, Lemuel Shattuck Hospital, Jamaica Plain, recommended approval of appointments and reappointments to the medical and allied health professional staffs of Lemuel Shattuck Hospital. Supporting documentation of the appointees' qualifications accompanied the recommendation. After consideration of the appointees' qualifications, upon motion made and duly seconded, it was voted (unanimously): That, in accordance with the recommendation of the Executive Director of Lemuel Shattuck Hospital, under the authority of the Massachusetts General Laws, Chapter 17, Section 6, the appointments and reappointments to the medical and allied health staffs of Lemuel Shattuck Hospital be approved as follows:

<u>APPOINTMENTS:</u>	<u>STATUS/SPECIALTY:</u>	<u>MED. LICENSE NO.:</u>
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Michael Castine, MD	Consultant Internal Medicine	216731
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Jennifer Parent, MD	Consultant Internal Medicine	216771
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Jeffrey Rediger, MD	Consultant Psychiatry	159462
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Susan Walker, MD	Consultant Psychiatry	216417
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REAPPOINTMENTS: STATUS/SPECIALTY: MED. LICENSE NO.:

Elizabeth Tarnell, MD	Consultant Medicine; Pulmonary	73363
Robert Bert, MD	Consultant Radiology	151528
Lisa Kachnic, MD	Consultant Radiation Oncology	77022
Christopher Cua, MD	Consultant Thoracic Surgery	170534

ALLIED HEALTH PROFESSIONALS:

Carol Bowen, CNS	130826
Beth Ferguson, PA	62

REQUEST APPROVAL OF THE APPOINTMENT OF ATTORNEY TRACY MILLER TO ADMINISTRATOR VII (PRIVACY OFFICER):

In a letter dated May 2, 2003, Christine Ferguson, Commissioner, Department of Public Health, recommended approval of the appointment of Tracy Miller to Administrator VII, Privacy Officer. Supporting documentation of the appointee's qualifications accompanied the recommendation. After consideration of the appointee's qualifications, upon motion made and duly seconded, it was voted (unanimously): That, in accordance with the recommendations of the Commissioner of Public Health, under the authority of the Massachusetts General Laws, Chapter 17, Section 6, the appointment of Tracy Miller to Administrator VII (Privacy Officer) be approved.

STAFF PRESENTATION: NO VOTE/INFORMATIONAL ONLY
"MASSACHUSETTS DEATHS 2001", by Malena Orejuela, Epidemiologist,
Bureau of Health Statistics, Research and Evaluation:

Ms. Malena Orejuela, Epidemiologist, Bureau of Health Statistics, Research and Evaluation said, "I am pleased to present this data of Massachusetts for the year 2001...I will first start by presenting some of the highlights of the year 2001:

- Fewer Massachusetts residents are dying from heart disease, cancer, stroke and influenza and pneumonia. The death rate in Massachusetts is 4 percent below the national average.
- Deaths by poisoning, including drug overdoses, increased by 22 percent from the year 2000 to 2001. Seventy-nine percent of Massachusetts poisoning deaths were of undetermined intent. The majority of poisoning deaths were due to narcotics and other hallucinogens. This is consistent with a national trend.

- In 2001, a total of 56,733 Massachusetts residents died, including 87 victims of terrorism who lost their lives on September 11. Heart disease and cancer remain the two most prevalent causes of death, accounting for 51 percent of all deaths. Alzheimer's disease continues to be a growing cause of death both in Massachusetts and throughout the United States. Injury-related deaths are the leading cause of death for people 1-44 years old. Injury related deaths increased 14 percent in 2001.
- The life expectancy of a woman born in Massachusetts in 2001 is 81 years, a man, 76 years. Life expectancy rates in Massachusetts are higher compared to the U.S.
- A new measure of community health, premature mortality (PMR), indicates that Lynn, Lowell, Springfield, Fall River and Worcester had the highest PMR's among the states's 30 largest communities. The PMR reflects health status of a community and will be used by MDPH to identify communities that warrant greater emphasis on disease prevention and health promotion. Newton, Brookline and Barnstable had the lowest PMR's in this same category.
- Black, non-Hispanics have the highest age-adjusted death rate, 29 percent higher than the rate for their white counterparts.
- The largest number of deaths continue to occur among people aged 85 and over: about 1 out of 3 deaths is to a person age 85 or older (32 percent); almost 2 out of 3 deaths is to a person age 75 and older (63 percent).
- For the first time since 1994, there was an increase in HIV-related deaths from 226 in 2000 to 249 in 2001 (not statistically significant).
- Massachusetts either achieved or moved toward most of the Healthy People 2010 mortality objectives. Out of 40 HP2010 mortality objectives examined, Massachusetts has achieved 15 targets and is within 25 percent of achieving targets for 10 indicators.

In summary, Ms. Orejula explained, "Mortality in Massachusetts is relatively stable. About 56,733 Massachusetts residents died, which constitutes less than 1% increase from the previous year, and this includes the 87 deaths from the terrorists attacks on September 11. The largest number of deaths continues to occur among persons above the age of 85. There is also a continual reduction death rate from the top leading causes of death and life expectancies remain high in Massachusetts."

PROPOSED REGULATION: (NO VOTE/INFORMATIONAL ONLY)

INFORMATIONAL BRIEFING REGARDING PROPOSED AMENDMENTS TO THE HOSPICE PROGRAM LICENSURE REGULATIONS – 105 CMR 141.000:

Ms. Nancy Murphy, Policy Analyst, Division of Health Care Quality, presented the proposed amendments to the Council. She said, "Before you are the proposed

amendments to the hospice program licensure regulations. These amendments are the result of changes to the hospice statute that became effective in November 2002. Pursuant to those changes, the Department is authorized to develop regulations for hospice inpatient facilities directly owned and operated by a licensed hospice program and approve up to six of them through 2006. Currently, when a hospice patient requires general inpatient care for pain control and symptom management, that care is provided through a contract arrangement with a hospital or a long-term care facility. With the implementation of these amendments which have been developed with the hospice work group, and those members are listed in your packet as attachment B, a hospice inpatient facility may also provide that care. These amendments address the standards that such programs must meet. As indicated in your memo, we have eliminated references specific to freestanding AIDS hospice facilities, added physical plants, staffing and other requirements for hospice inpatient facilities, added requirements specific to pediatric patients regarding the training and experience of the care coordinator and agent-size appropriate drug administration and dosing. We have added references to clear requirements which were implemented since the last time these regulations were amended in 1988. And we have added incident and patient abuse reporting and grievance procedure requirements consistent with other licensed facilities and providers. We are releasing the amendments for a public hearing and comment period, and will return to the Council with final recommended amendments this summer.”

NO VOTE/INFORMATION ONLY

FINAL REGULATIONS:

REQUEST FOR FINAL PROMULGATION OF AMENDMENTS TO 105 CMR 170.000: EMERGENCY MEDICAL SERVICES SYSTEM, FOR FEE INCREASES:

Ms. Louise Goyette, Director, Office of Emergency Medical Services, said, “The purpose of this memorandum is to seek the Council’s approval to finalize emergency amendments to 105 DMR 170.000, Emergency Medical Services System regulations. The emergency amendments, which took effect April 15, 2003, raised EMS licensure, inspection and certification fees, due to the state’s fiscal crisis. The Executive Office of Administration and Finance, whose regulations set the majority of state fees, promulgated emergency regulations in February 2003 to double many fees assessed by state agencies, including the Department. Those fee increases are in effect. Fees governing ambulance service licensure, ambulance vehicle inspections and emergency medical technician (EMT) certification fall outside the Administration and Finance regulations. The Department itself sets these fees, pursuant to its authority under M.G.L. c. 111C, s3(b)((21), in its Emergency Medical Services System regulations. To ensure consistency with other Departmental and state agency fee increases, the Department sought permission to promulgate emergency regulations to double all emergency medical services fees. The Public Health Council approved this request at its April 3, 2003 meeting, and the emergency regulations became effective April 15, 2003. The emergency amendments to the regulations doubled all fees collected by OEMS, including ambulance service

licensure fees, ambulance vehicle inspection fees and EMT certification and testing fees. The emergency regulations also included technical changes to the EMT initial certification and testing fees structure, to clarify the fees required as the Department continues transitioning administration of its written EMT exam to its contracted private vendor. The Department asks that these regulations be approved for final promulgation.”

After consideration, upon motion made and duly seconded, it was voted unanimously to **approve the Request for Final Promulgation of Emergency Amendments to 105 CMR 170.000: Emergency Medical Services System, for increases**; that a copy of the approved regulations be forwarded to the Secretary of the Commonwealth; and that a copy of the amended regulations be attached to and made a part of this record as **Exhibit Number 14,759**. A public hearing had been held on May 12, 2003 in Boston. Oral testimony was received from seven individuals: representatives of the Fire Chiefs Association of Massachusetts, the Massachusetts Association of EMTs and Paramedics, the Massachusetts Ambulance Association, the Professional Fire Fighters of Massachusetts and the employees of Armstrong Ambulance Service; an instructor/coordinator and an EMT. Written testimony was submitted by another 30 commentators: State Senator Robert A. O’Leary, State Representative Christopher J. Donelan, State Representative Shirley A. Gomes, the Town of Auburn Board of Selectmen, the Boston Public Health Commission, the Fire Chiefs of North Reading, Oxford, Littleton, Southborough and Douglas, the Deputy Fire Chief of Groveland, the Massachusetts Ambulance Association, the Massachusetts Call/Volunteer Firefighters Association, the President of the Regional EMS Council for Region I, the Massachusetts Association of Hospital-Based Paramedics, Hilltown Community Ambulance Association, Caritas Norwood EMS, five students in EMT training courses, and eight EMTs, one of whom is also an instructor/coordinator. The testimony was uniformly in opposition to the increase in EMS fees. The commentators cited similar reasons for their opposition: 1) The fact that EMTs recertification fees were just raised two years ago; 2) the fact that many EMTs are volunteers, and the relatively low wages paid to EMTs, and the disproportionate impact a fee increase has on them and their families compared to other, higher earning occupations licensed or certified by the Commonwealth; 3) the likelihood that the fee increase may drive many EMTs out of the emergency medical services field; 4) the fact that ambulance services, the strain these fee increases place on already burdened municipal budgets. The Massachusetts Ambulance Association questioned the legality of the fee increases. The Department has considered all the comment. It certainly appreciates the important service provided by EMTs and the ambulance services for which they work. Because of the Commonwealth’s fiscal crisis, however, the Department is constrained to raise these fees to offset program costs and to bring them in line with the broad range of fee increases that have taken effect across the state, as already implemented by the Executive Office of Administration and Finance. The Department is comfortable that the fees would withstand any legal challenge.”

The meeting adjourned at 11:00 a.m.

Christine C. Ferguson, Chair
Public Health Council

LMH/SB